



No Child Left Behind Act (NCLB)

***FY 2004 Final Report/
Carry-Over Application
FORMS***



New Jersey Department of Education
No Child Left Behind (NCLB)
LEA Consolidated Formula Subgrant
 Fiscal Year 2004

**SUBMIT TO COUNTY
 OFFICE OF
 EDUCATION ONLY**

Final Report/Carry-Over Application
Title Page

Date received by the
 county office _____

<input type="checkbox"/> Individual LEA Applicant				<input type="checkbox"/> Consortium Applicant		
<input type="checkbox"/> Final Report for FY 2004				Project Code: NCLB _____ - 04		
<input type="checkbox"/> Carry-Over Application for FY 2005				Carry-Over Project Period: 9/1/2004 to 8/31/2005		
1. LEA:				2. County:		
3. Project Director:		3a. Tel. #:		3b. FAX #: Email:		
4. Address:						
NCLB PROGRAMS	5. Approved Amount	6. Expended Amount	7. Unexpended Balance	NCLB PROGRAMS	8. Proposed Carry-Over (FY 2004 funds only)	9. Amount Being Returned to NJDOE
TITLE I - A	\$	\$	\$	TITLE I - A	\$	\$
TITLE I - NEG	\$	\$	\$	TITLE I - NEG	\$	\$
TITLE I - DEL	\$	\$	\$	TITLE I - DEL	\$	\$
TITLE I - SIA	\$	\$	\$	TITLE I - SIA	\$	\$
TITLE II - A	\$	\$	\$	TITLE II - A	\$	\$
TITLE II - D	\$	\$	\$	TITLE II - D	\$	\$
TITLE III	\$	\$	\$	TITLE III	\$	\$
TITLE IV	\$	\$	\$	TITLE IV	\$	\$
TITLE V	\$	\$	\$	TITLE V	\$	\$
TITLE VI	\$	\$	\$	TITLE VI	\$	\$
10. TOTALS:	\$	\$	\$		\$	\$
11. Reason Funds Were Not Expended During the Project Period: (Attach additional sheets, if necessary.)						
12. Board Secretary/Business Administrator (Signature): <div style="float: right;">Board Approval Date (carry-over only):</div>						
13. Approved by Chief School Administrator (Signature): <div style="float: right;">Date:</div>						
CONSORTIUM APPLICANTS APPLYING FOR CARRY-OVER MUST CHECK OFF BELOW						
14. <input type="checkbox"/> As the applicant agency for the consortium, I certify that all participating LEAs are in agreement with this Carry-Over Application.						
COUNTY/SEA USE ONLY FOR FINAL REPORT AND/OR CARRY-OVER APPLICATION APPROVAL						
<div style="display: flex; justify-content: space-between;"> <div> County Office <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Denied </div> <div> ES Signature: _____ BA Signature: _____ </div> <div> Date: _____ Date: _____ </div> </div>						
<div style="display: flex; justify-content: space-between;"> <div> OGM <input type="checkbox"/> Approved <input type="checkbox"/> Denied </div> <div> Signature: _____ </div> <div> Date: _____ </div> </div>						
COPY DISTRIBUTION: County Office Chief School Administrator						



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Budget Summary

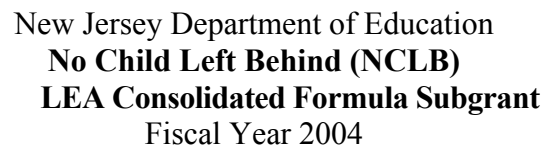
LEA: _____ COUNTY: _____ PROJECT CODE: NCLB _____-04

EXPENDITURE CATEGORY	FUNC. & OBJECT CODES	FUNDING SOURCES								
		TITLE I	TITLE I SIA	TITLE II PART A	TITLE II PART D	TITLE III	TITLE IV	TITLE V	TITLE VI	Non-Abbott SCHOOLWIDE
INSTRUCTION										
Personal Services - Salaries	100-100									
Purchased Prof. & Tech. Serv.	100-300									
Other Purchased Services	100-500									
General Supplies	100-600									
Other Objects	100-800									
SUPPORT SERVICES										
Personal Services - Salaries	200-100									
Personal Services – Employee Benefits	200-200									
Purchased Prof. & Tech. Serv.	200-300									
<i>Purchased Prof. – Ed. Serv.</i>	200-320									
Purchased Property Services	200-400									
Other Purchased Services	200-500									
Travel	200-580									
Supplies and Materials	200-600									
Other Objects	200-800									
Indirect Costs	200-860									
FAC ACQ & CONSTRUCTION										
Buildings	400-720									
Instructional Equipment	400-731									
Noninstructional Equipment	400-732									
SCHOOLWIDE										
Schoolwide Programs: Abbott	520-930									
TOTAL PROPOSED COSTS										

 LEA Business Administrator Name

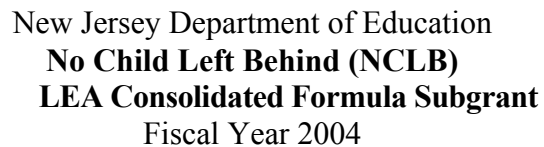
 LEA Business Administrator Signature

 Date



LEA: _____ COUNTY: _____ PROJECT CODE: NCLB ____ - 04
TPAF/FICA: 7.65% minimum

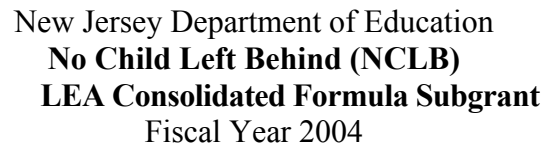
LEA Business Administrator Name	LEA Business Administrator Signature	Date
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LEA: _____ **COUNTY:** _____ **PROJECT CODE: NCLB** _____ **- 04**

LEA Business Administrator Name

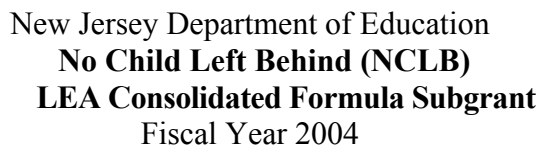
4



LEA: _____ **COUNTY:** _____ **PROJECT CODE: NCLB** _____ **- 04**

[illegible]

6



LEA: _____ COUNTY: _____ PROJECT CODE: NCLB _____ - 04
 TPAF/FICA: 15% minimum Carry-Over Project Period 9/1/04-8/31/05

LEA Business Administrator Name	LEA Business Administrator Signature	Date
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New Jersey Department of Education
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CARRY-OVER FLEXIBILITY PROVISIONS -Proposed

LOCAL TRANSFERABILITY AND REAP ALTERNATIVE USE OF FUNDS

* LEAs may transfer funds for alternative uses as indicated in items A1 and 2, B3 above. Continue to account for funds in the original Title.

A. LOCAL TRANSFERABILITY

1. Transfers for LEAs that are not in Title I corrective action or Title I school improvement (50% limit)							2. Transfers for LEAs that are in Title I school improvement (30% limit)		
Funds Available for Transfer	Amount to be Transferred Out of Each Program	Amount to be Transferred Into Each Program					Funds Available for Transfer	Amount to be Transferred Out of Each Program	Program Funds Are to be Transferred To:
		Title I	Title II-A	Title II-D	Title IV	Title V			
Title II-A							Title II-A		Funds may only be used for school improvement activities under sections 1003 and 1116(c).
Title II-D							Title II-D		
Title IV							Title IV		
Title V							Title V		

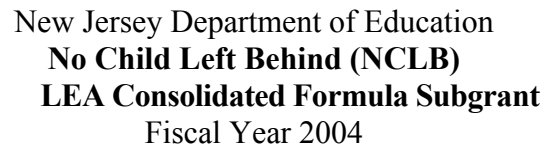
▼ REAP APPLICANTS ONLY ▼

B. RURAL EDUCATION ACHIEVEMENT PROGRAM (REAP) ALTERNATIVE USES OF FUNDS AUTHORITY

1. Eligibility for REAP Alternative Uses of Funds Authority _____ Average Daily Attendance (Must be <600 determined from beginning day of school until December 1 of 2004 <p style="text-align: center;">OR</p> _____ County Population Density (Must be < 10 persons per square mile) <p style="text-align: center;">AND</p> _____ School Locale Code (Must be 7 or 8 for every school in the district) School Locale codes are available at http://www.nces.ed.gov/ccdweb/school/ .		2. Deadline for applying LEAs must notify NJDOE of their intent to participate at the time of application or by August 1, 2004, whichever is earlier.
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3. The LEA will combine funds from one or more of the following grants for REAP.

Funds Available for Transfer	Amount to be Transferred Out of Each Program	Amount to be Transferred Into Each Program						
		Title I Part A	Title II-A	Title II-D	Title III	Title IV	Title IV	Title V
Title II-A								
Title II-D								
Title IV								
Title V								



LEA: _____
TPAF/FICA: 15% minimum

PROJECT CODE: NCLB _____ - 04
Carry-Over Project Period 9/1/04-8/31/05

LEA Business Administrator Name

LEA Business Administrator Signature



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TOTAL PROPOSED COSTS										

 LEA Business Administrator Name

 LEA Business Administrator Signature

 Date